

- (b) ☐ Enclosed
☐ Amendment/Reply
☐ Affidavit(s)/Declaration(s)
☐ Information Disclosure Statement (IDS)
☐ Other:

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103 (c) for a period of months (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17 (i) required)
b. ☐ Other:

3. Fees [The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.]

The fees are calculated as follows:

- (a) ☒ RCE fee required under 37 C.F.R. § 1.17(e): \$810.00
(b) ☐ Other: \$0.00

Total Fees: \$810.00

PETITION FOR EXTENSION OF TIME

4. (a) ☐ Applicant petitions for an extension of the time for the total number of months checked below:

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	460.00
<input checked="" type="checkbox"/>	Three Months.	Fee in the amount of	\$	1,050.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,640.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,230.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for month(s) has already been secured and the fee paid therefor of is deducted from the total fee due for the total months of extension now requested.

OR

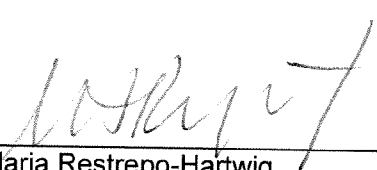
- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request:

5. Method of Payment of Fees:

Charge Deposit Account No. 01-1425 in the amount of: **\$1,860.00.**

6. Instructions as to Overpayment:
Credit any overpayment to Deposit Account No. 01-1425.
7. Authorization to Charge Additional Fees
☒ If any additional extension and/or fee for claims is required, charge
Account No. 01-1425.



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